

**IDAHO STATE BOARD OF ACCOUNTANCY**

PO Box 83720

Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

E-Mail: isba@isba.idaho.govWeb Site: isba.idaho.gov**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION**

Certain information must be verified by the State Board of Accountancy where you have applied for the CPA examination and/or are certified or licensed. Please complete the first portion of this form. Mail the form to the other State Board. That Board will complete the form and return it to us. If the other State Board charges a fee for this service, **the applicant must pay the fee.**

TO BE COMPLETED BY THE APPLICANT:

Name: Last First Middle Other last names used Certificate # E-Mail Address

Address: Street and Number City State Zip Phone

I hereby request and authorize the _____ State Board of Accountancy to provide any and all information requested in this form to the Idaho State Board of Accountancy.

Applicants Signature

Date Signed

TO BE COMPLETED BY STATE BOARD:

Verification of Exam Credits: The following grades were awarded on the Uniform CPA Examination(s), as reported by the AICPA Advisory Grading Service and approved by this Board. Please explain if any of the grades were changed; examination other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted in #8 below. If a separate sheet is attached, please affix official signature and board seal. PLEASE LIST ALL GRADES

Exam Date	AICPA ID Number	(Auditing) AUDIT AUD	(Law) LPR BEC	(Theory) FARE FAR	(Practice) ARE REG

Was the applicant ever denied admission, or are there any restrictions preventing sitting in your state? Yes No

1. The applicant holds original/reciprocal (circle one) CPA Certificate Number _____ issued ____ / ____ / ____ and expires ____ / ____ / ____.

2. Ethics exam passed: Yes No Prepared/Graded by ____ AICPA ____ CA Society of CPA's ____ Other
Date Exam Taken: _____ Score: _____

3. Has the applicant **ever** held a license to practice public accounting in your state? No Yes (If yes, please indicate period of licensure) _____ to _____.

4. Please list any/all qualifying experience completed to obtain a license to practice public accounting from this Board.

5. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:

____ License/Permit not required ____ Complete acceptable accounting/auditing experience
____ Pay appropriate fees and/or post bond ____ Complete cpe educational requirements
____ Other: (please specify)

6. The applicant holds a certificate/license which:
____ is in good standing with no disciplinary action taken ____ has had disciplinary action taken (see #8)

7. Investigation is pending: Yes No

8. Any exceptions or explanations of the information provided:

(If additional sheets are needed to respond to this inquiry, please affix official seal and signature to the sheets).

The information provided herein is correct to the best of our knowledge.

Board
Seal

Board/Agency

Official Signature

Title

Date

